

# Work Order ID 118996

\*118996\*

Page 1

May-06-14 8:09:08 AM

Item ID: D3838-041

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Rib Assembly (Basket Lid, LH)

Start Date: 5/05/14 Start Qty: 4.00

\*4\* 3x  
\*4\*

Cust Item ID:

Required Date: 5/05/14 Req'd Qty: 4.00

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 4-05-07

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D3838    | Rev A        |

100 0.00

\*100\*

Large Fab

Large Fab

Memo

0.00

Large Fab

1- cut D3838-1 and D3838-3 rib as per dwg D3838 \*\*\*USE DT 9856 FOR D3838-3\*\*\*

2- remove identification markings

3- deburr

4- weld D3838-1 to D3838-3 and drill hole (3/16") using DT9437 jig and open to finish size as per dwg D3838

A/R ER316 S.S. Rod Batch: B125054

5- c'sink hole as per dwg

6- grind weld flush where indicated on dwg D3838

7- weld D3759-1 bushing as per dwg D3838

A/R ER316 S.S. Rod Batch: B125054

8- grind bushing weld flush as per dwg dwg D3838

9- deburr hole if necessary

3x CC 15-3-11

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                                 | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                                 | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design        |      |      |     |                                                     |                   |                    |             |              |              |
| Doc/Data      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |                                                     |                   |                    |             |              |              |
| Handling/Pre  |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Offset/Setup  |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Transport     |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence |
| <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Pressure/Forced Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

**\*1 18.996\***

Page 2

**\*N900040100\***

Setup Start \*NS1\*

Stop \*NS2\*

**Start Date:** 5/05/14      **Start Qty:** 4.00      **\*4\***

**Cust Item ID:**

**Required Date:** 5/05/14      **Req'd Qty:** 4.00      **\* / \***

**Customer:**

**Reference:**

**Approvals:**      **Process Plan:**      **Date:**      **Tooling:**      **Date:**

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

[illegible]

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                                 | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                                 | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design        |      |      |     |                                                     |                   |                    |             |              |              |
| Doc/Data      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |                                                     |                   |                    |             |              |              |
| Handling/Pre  |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Offset/Setup  |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Transport     |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence |
| <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

May-06-14 8:09:08 AM

**Item ID:** D3838-041

**Accept**

**\*N900040100\***

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

**Item Name:** Rib Assembly (Basket Lid, LH)

**Start Date:** 5/05/14      **Start Qty:** 4.00      **\*4\***

**Cust Item ID:**

**Required Date:** 5/05/14      **Req'd Qty:** 4.00      **\*/\***

**Customer:**

**Reference:**

**Approvals:**      **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/  
Work Center ID

### Operation Description

### Set Up/ Run Hours

**Tool ID****Tool #****Plan  
Code**

**Accept  
Qty**

Reject  
QtyReject  
Number**Insp.  
Stamp**

160

QC21- Final Inspection - Work Order Release

0.00

**\*160\***

QC

## Memo

0.00

### Quality Control

MLJ 15-03-13

MF  
15-3-12

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="width:25%;">Skid-tube <input type="checkbox"/></td> <td style="width:25%;">Crosstube <input type="checkbox"/></td> <td style="width:25%;">Water Jet <input type="checkbox"/></td> <td style="width:25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                                 | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                                 | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause                             | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|----------------------------------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design <input type="checkbox"/>        |      |      |     |                                                     |                   |                    |             |              |              |
| Doc/Data <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling <input type="checkbox"/> |      |      |     |                                                     |                   |                    |             |              |              |
| Handling/Pre <input type="checkbox"/>  |      |      |     |                                                     |                   |                    |             |              |              |
| Material <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Operator <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Offset/Setup <input type="checkbox"/>  |      |      |     |                                                     |                   |                    |             |              |              |
| Process <input type="checkbox"/>       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Training <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Transport <input type="checkbox"/>     |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved <input type="checkbox"/>    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# Picklist Print

May-06-14 8:09:07 AM

Page 1

Work Order ID: 118996

**\*118996\***

Parent Item: D3838-041

**\*D3838-041\***

Parent Item Name: Rib Assembly (Basket Lid, LH)

Start Date: 5/05/14

Required Date: 5/05/14

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev:A 08-12-01 new issue DD verified by:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

|         |  |              |    |  |  |  |      |         |  |   |  |  |  |
|---------|--|--------------|----|--|--|--|------|---------|--|---|--|--|--|
| D3759-1 |  | Manufactured | No |  |  |  | Each | 96.0000 |  | 4 |  |  |  |
|---------|--|--------------|----|--|--|--|------|---------|--|---|--|--|--|

**\*D3759-1\***

Bushing

**\*\* CC 15-3-11**

Location

Loc Qty

Loc Code

WA004

96

B116816

(3x)

106686

6

113059

90

M304TS0.750W.065

Purchased

No

100

f

1,902.415

1.0317

5

**\*M304TS0 750W 065\***

304 SQ Tube .75x.75x.065W

**\*\* CC 15-3-11**

Location

Loc Qty

Loc Code

WA004

1902.415

B131206

(3)

125513

617.015

m126538

402

m126922

283.4

m128495

600

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                                 | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                                 | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

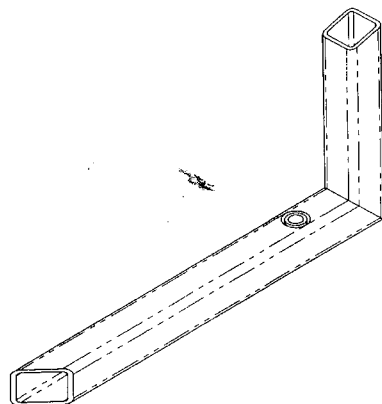
| Root Cause    | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design        |      |      |     |                                                     |                   |                    |             |              |              |
| Doc/Data      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |                                                     |                   |                    |             |              |              |
| Handling/Pre  |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Offset/Setup  |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Transport     |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

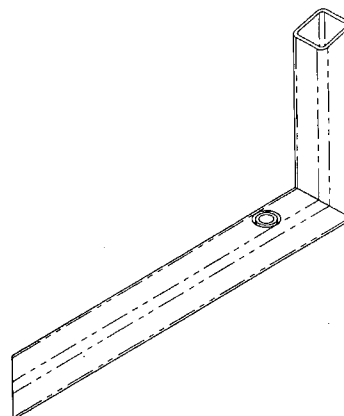
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                          |



| ITEM | QTY<br>-041 | QTY<br>-042 | P/N       | DESCRIPTION               |
|------|-------------|-------------|-----------|---------------------------|
| 1    | X           |             | D3838-041 | RIB ASSY (BASKET LID, LH) |
| 2    |             | X           | D3838-042 | RIB ASSY (BASKET LID, RH) |
| 3    | 1           | 1           | D3759-1   | BUSHING                   |
| 4    | 1           |             | D3838-1   | RIB                       |
| 5    |             | 1           | D3838-2   | RIB                       |
| 6    | 1           | 1           | D3838-3   | RIB                       |



**D3838-041 RIB ASSY (BASKET LID, LH)**



**D3838-042 RIB ASSY (BASKET LID, RH)**

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 118996 MLS  
140507

**RELEASED**  
*08/10/08*

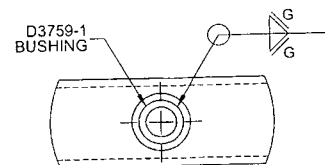
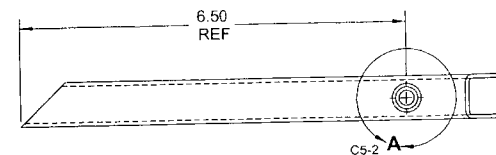
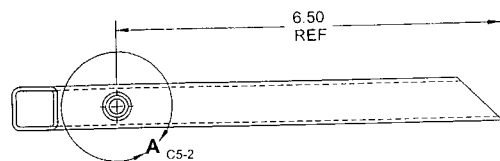
- NOTES:  
1) MATERIAL: N/A  
2) FINISH: NONE  
3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED  
4) UNITS: INCHES UNLESS OTHERWISE NOTED  
5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX  
6) IDENTIFICATION: N/A  
7) WEIGHT: 0.54 lbs

|            |             |    |          |
|------------|-------------|----|----------|
| A          | NEW ISSUE   | MB | 08.10.08 |
| REV.       | DESCRIPTION | BY | DATE     |
| DESIGN     |             |    |          |
| DRAWN      |             |    |          |
| CHECKED    |             |    |          |
| MFG. APPR. |             |    |          |
| APPROVED   |             |    |          |
| DE APPR.   |             |    |          |
| DATE       | 08.10.08    |    |          |

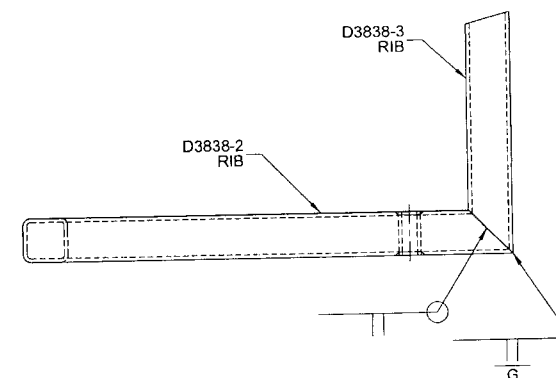
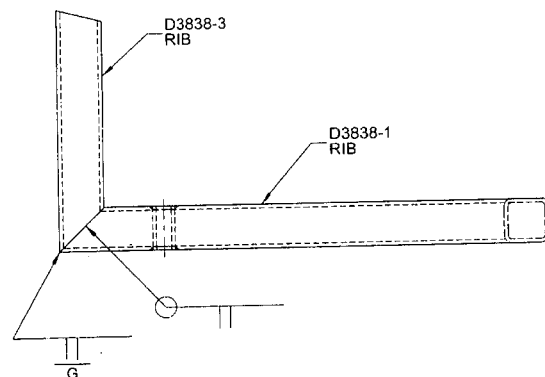
**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. **D3838** REV. A  
SHEET 1 OF 3  
TITLE **RIB ASSY (BASKET LID)** SCALE NTS

COPYRIGHT © 2008 BY DART AEROSPACE LTD  
THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS  
NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT  
WRITTEN PERMISSION FROM DART AEROSPACE LTD



**DETAIL A**  
D2-2  
D7-2  
SCALE 2X

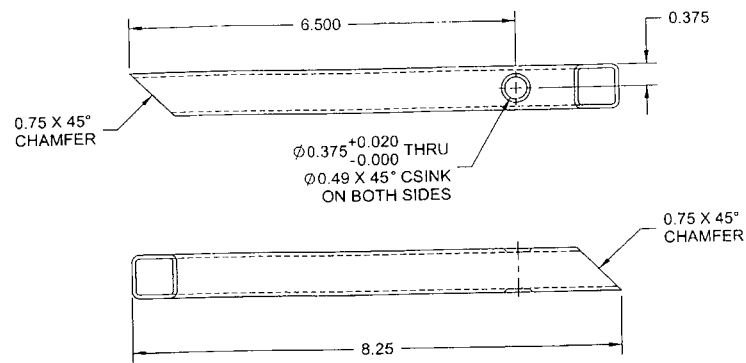


**D3838-041 RIB ASSY (BASKET LID, LH)**

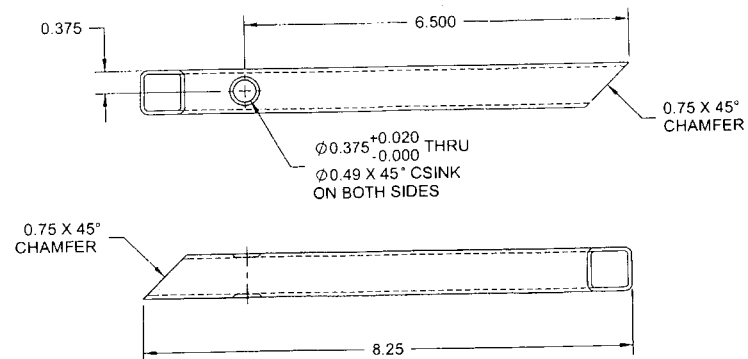
**D3838-042 RIB ASSY (BASKET LID, LH)**

**RELEASED**  
08/11/18

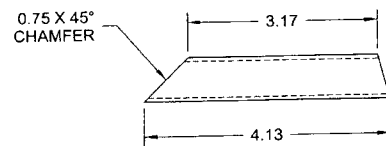
|            |          |                                                                                                                                                                                                                                                                                                |              |
|------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     |          | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                      |              |
| DRAWN      |          | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                                    |              |
| CHECKED    |          | DRAWING NO. <b>D3838</b>                                                                                                                                                                                                                                                                       | REV. A       |
| MFG. APPR. |          | TITLE                                                                                                                                                                                                                                                                                          | SHEET 2 OF 3 |
| APPROVED   |          | <b>RIB ASSY (BASKET LID)</b>                                                                                                                                                                                                                                                                   | SCALE        |
| DE APPR.   |          |                                                                                                                                                                                                                                                                                                | NTS          |
| DATE       | 08.10.08 | <small>COPYRIGHT © 2008 BY DART AEROSPACE LTD<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br/>NOT TO BE USED FOR ANY PURPOSE OR FOR ANY COMMUNICATION TO ANY OTHER PERSON WITHOUT<br/>WRITTEN PERMISSION FROM DART AEROSPACE LTD</small> |              |



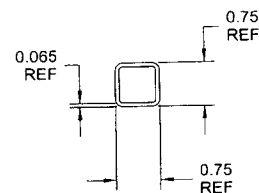
**D3838-1 RIB**



**D3838-2 RIB**



**D3838-3 RIB**



**TYPICAL SECTION  
VIEW**

**NOTES:**

- 1) MATERIAL: AISI 304/316 STAINLESS STEEL SQUARE TUBE, 0.75 X 0.75 X 0.065 WALL  
REF. DART SPEC. M304TS0.750W0.065
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: D3836-1/2 = 0.35 lbs EACH; D3836-3 = 0.19 lbs

**RELEASED**  
08/10/08

|            |          |                                                                                                                                                                                                                                                                          |              |
|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     |          | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                 |              |
| DRAWN      |          | DRAWING NO.                                                                                                                                                                                                                                                              | REV. A       |
| CHECKED    |          | D3838                                                                                                                                                                                                                                                                    | SHEET 3 OF 3 |
| MFG. APPR. |          | TITLE                                                                                                                                                                                                                                                                    | SCALE        |
| APPROVED   |          | RIB ASSY (BASKET LID)                                                                                                                                                                                                                                                    | NTS          |
| DE APPR.   |          | COPYRIGHT © 2008 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS<br>NOT TO BE USED FOR ANY PURPOSES OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br>WRITTEN PERMISSION FROM DART AEROSPACE LTD |              |
| DATE       | 08.10.08 |                                                                                                                                                                                                                                                                          |              |